



# RHODE ISLAND HIGHER EDUCATION ASSISTANCE AUTHORITY

## **CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM**

I hereby authorize and instruct Rhode Island Higher Education Assistance Authority to obtain and review my credit report. My credit report will be obtained from Experian reporting agency chosen by RIHEAA. I understand and agree that RIHEAA intends to use the credit report for the purpose of identifying any state, federal or private loans that I have outstanding in order to participate in the RI Health Professional Loan Repayment Program.

My signature below authorizes the release of my credit report to RI Higher Education Assistance Authority.

Participants Name (print)

Date